

Arkansas

Arkansas Oil And Gas Commission (AOGC)

Re: 7520 Reports for the Fourth Quarter of FY2014

4th Quarter Period: (October 1, 2013 --- September 30, 2014)

Date: (Tuesday) October 14, 2014

Time: 9:23am

Reference File

Code: WA-UI-PP



United States Environmental Protection Agency
Office of Ground Water & Drinking Water
Washington, DC 20460

UIC Federal Reporting System

Part I: Permit Review and Issuance/

Wells in Area of Review

(This information is solicited under the
authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

ARKANSAS OIL AND GAS COMMISSION
P.O. BOX 11510
EL DORADO, AR 71730

II. Date Prepared (month, day, year)
October 14, 2014

III. State Contact (name, telephone no.)
GARY D. LOONEY
870 862-4965

IV. Reporting Period (Month, Year)

From
October 1, 2013

To
September 30, 2014

Item					Class and Type of Injection Wells						
					II			III	IV	V	
					I	SWD 2D	ER 2R				HC 2H
V. Permit Application											
Number of Permit Applications Received					22	10					0
VI. Permit Determination	Permit Issued	A	Number of Individual Permits issued (one well)	New Wells	14	6					0
				Existing Wells							
		B	Number of area Permits* issued (multiple wells) (see instructions on back)	New Well Field							
				Existing Well Field							
	C	Number of Wells in Area of Permits (See B above)	New Wells								
			Existing Wells								
	Permit Not Issued	D	Number of Permits Denied/Withdrawn (After complete technical review)	0	0					0	
	Modification Issued	E	Number of Major Permit Modifications Approved	9	5					0	
VII. Permit File Review	Number of Rule-Authorized Class II Wells Reviewed			Wells Reviewed							
				Wells Deficient							
VIII. Area of Review (AOR)	Wells Reviewed	A	Number of wells In Area of Review	Abandoned Wells							
				Other Wells							
	Wells Identified for C/A	B	Number of Wells Identified For Corrective Action	Abandoned Wells							
				Other Wells							
	Wells with C/A	C	1. Number of Wells in AOR with casing Repaired/Recemented C/A.								
			2. Number of Active Wells in AOR Plugged/Abandoned.								
			3. Number of Abandoned Wells in AOR Replugged.								
			4. Number of wells in AOR with "Other" Corrective Action.								

IX. Remarks/Ad Hoc Report (Attach additional sheet if necessary)

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.


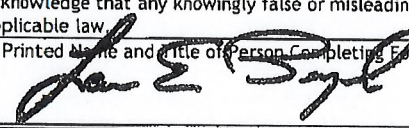
Signature and Typed or Printed Name and Title of Person Completing Form

Lawrence E. Bengal

October 14, 2014

870 862 4965

**Reference File
Code: WA-UI-PP**

 <p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460 UIC Federal Reporting System Part II: Compliance Evaluation (This information is solicited under the authority of the Safe Drinking Water Act)</p>				<p>I. Name and Address of Reporting Agency ARKANSAS OIL AND GAS COMMISSION P. O. BOX 11510 EL DORADO, AR 71730</p>						
<p>II. Date prepared (month, day, year) October 14, 2014</p>			<p>III. State Contact (name, telephone no.) GARY D. LOONEY 870 862-4965</p>		<p>IV. Reporting Period (Month, year) From: October 1, 2013 To: September 30, 2014</p>					
Item				Class and Type of Injection Wells						
				I	II			III	IV	V
					SWD 2D	ER 2R	HC 2H			
V. Summary of Violations	Total Wells	A	Number of Wells with Violations		2	2				0
	Total Violations	B	1. Number of Unauthorized Injection Violations							
			2. Number of Mechanical Integrity Violations		2	2			0	
			3. Number of Operation and Maintenance Violations							
			4. Number of Plugging and Abandonment Violations							
			5. Number of Monitoring and Reporting Violations		0	0			0	
			6. Number of Other Violations (Specify)fee							
VI. Summary of Enforcement	Total Wells	A	Number of Wells with Enforcement Actions		0	0				0
	Total Enforcement Actions	B	1. Number of Notices of Violation		2	1				0
			2. Number of Administrative Orders							
			3. Number of Civil Referrals							
			4. Number of Criminal Referrals							
			5. Number of Well Shut-ins		2	2			0	
			6. Number of Pipeline Severances							
			7. Number of Other Enforcement Actions (Specify)							
			8. Number of Other Enforcement Actions (Specify)							
VII. Summary of Compliance	Number of Wells Returned to Compliance		A. This Quarter		1	2			0	
			B. This Year		1	2			0	
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW				0	0			0	
IX. MIT Resolved	Percent of MIT Violations Resolved in 90 Days				100	100			100	
X. Remarks/Ad Hoc Report (Attach additional sheet if necessary)										
Certification										
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<p>Signature and Typed or Printed Name and Title of Person Completing Form Lawrence E. Bengal</p> 								October 14, 2014	Telephone Number 870 862-4965	



United States Environmental Protection Agency
Office of Ground Water & Drinking Water
Washington, DC 20460

UIC Federal Reporting System

Part II: Compliance Evaluation

Significant Noncompliance

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency
ARKANSAS OIL AND GAS COMMISSION
P. O. BOX 11510
EL DORADO, AR 71730

III. Date Prepared (month, day, year)
October 14, 2014

STATE Contact (name, telephone no.)
GARY D. LOONEY
870 862-4965

IV. Reporting Period (month, year)

From
October 1, 2013

To
September 30, 2014

Item				Class and Type of Injection Wells					
				II			III	IV	V
				SWD 2D	ER 2R	HC 2H			
V. Summary of Significant Non- Compliance (SNC)	Total Wells	A	Number of Wells with SNC Violations	0	0				0
	Total Violations	B	Number of Unauthorized 1. Injection SNC Violations						
			Number of Mechanical Integrity 2. SNC Violations						
			Number of Injection Pressure 3. SNC Violations						
			Number of Plugging 4. and Abandonment SNC Violations						
			Number of SNC Violations 5. of Formal Orders						
			Number of Falsification 6. SNC Violations						
			7. Number of Other SNC Violations (Specify)						
VI. Summary of Enforcement Against SNC	Total Wells	A	Number of Wells with Enforcement Actions Against SNC	0	0			0	
	Total Enforcement Actions	B	1. Number of Notices of Violation						
			Number of Consent 2. Agreements/Order						
			3. Number of Administrative Orders						
			4. Number of Civil Referrals						
			5. Number of Criminal Referrals						
			6. Number of Well Shut-ins						
			7. Number of Pipeline Severences						
VII. Summary of Compliance	Number of Wells in SNC Returned to Compliance	A. This Quarter	0	0			0		
		B. This Year	0	0			0		
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW			0	0			0	
IX. Well Closure	Class IV/Endangering Class V Well Closures	Involuntary Well Closure							
		Voluntary Well Closure							

Certification

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Signature and Typed or Printed Name and Title of Person Completing Form
Lawrence E. Bengal

Date
October 14, 2014

Telephone No.
870 862-4965



United States Environmental Protection Agency
Office of Ground Water & Drinking Water
Washington, DC 20460
UIC Federal Reporting System
Part III: Inspections

Mechanical Integrity Testing

(This information is solicited under the authority of the Safe Drinking Water Act)

II. Date Prepared (month, day, year)

October 14, 2014

III. State Contact (name, telephone no.)

GARY D. LOONEY
870 862-4965

I. Name and Address of Reporting Agency
ARKANSAS OIL AND GAS COMMISSION
P.O. BOX 11510
EL DORADO, AR 71730

IV. Reporting Period (month, year)

From
October 1, 2013

To
September 30, 2014

Item

Class and Type of Injection Wells

I	II			III	IV	V
	SWD 2D	ER 2B	HC 2H			

	Total Wells	A	Number of Wells Inspected		682	143	74			32			
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed		148	51				32			
			2. Number of Emergency Response or Complaint Response Inspections										
			3. Number of Well Constructions Witnessed		5	1				0			
			4. Number of Well Pluggings Witnessed		7	12				0			
			5. Number of Routine/Periodic Inspections		522	79				0			
VI. Summary of Mechanical Integrity (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity		672	132				32			
		B	No. of Rule-Authorized Wells	Passed 2-part test									
	Tested/Evaluated for MI		Failed 2-part test										
	For Significant Leak	C	1. Number of Annulus Pressure Monitoring Record Evaluations		Well Passed	522	79				0		
					Well Failed	2	0				0		
			2. Number of Casing/Tubing Pressure Tests		Well Passed	124	42				14		
					Well Failed	6	1				0		
			3. Number of Monitoring Record Evaluations		Well Passed								
					Well Failed								
			4. No. of Other Significant Leak Tests/Evaluations (Specify)		Well Passed	13	4				18		
					Well Failed	0	2				0		
			For Fluid Migration	D	1. Number of Cement Record Evaluations		Well Passed	0	0				0
							Well Failed						
	2. Number of Temperature/ Noise Log Tests				Well Passed								
					Well Failed								
	3. No. of Radioactive Tracer/ Cement bond Tests				Well Passed	5	2				0		
					Well Failed	0	0				0		
	4. No. of Other Fluid Migration Tests/Evaluations (Specify)				Well Passed								
					Well Failed								
	VII. Summary of Remedial Actions	Total Wells	A	Number of Wells with Remedial Action		4	2				0		
Total Remedial Action		B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions		0	0				0			
			2. Number of Tubing/Packer Remedial Actions		4	1				0			
			3. Number of Pluggings/Abandonment Remedial Actions		0	1				0			
			4. Number of Other Remedial Actions (Specify)										

VII. Remarks/Ad Hoc Reports (Attach additional sheets)

Certification

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Signature and Typed or Printed Name and Title of Person Completing Form
Lawrence E. Bengal

Date

October 14, 2014

Telephone No.

870 862-4965

Reference File
Code: WA-UI-PP

United States Environmental Protection Agency
Office of Ground Water & Drinking Water
Washington, DC 20460



Reference File
Code: WA-UI-PP

Form Approved
OMB No. 2040-0042
Approval expires 6-30-98

I. Reporting Period

From
October 1, 2013

To
September 30, 2014

UIC Federal Reporting System

Part IV: Quarterly Exceptions List

(This information is collected under the authority of the Safe Drinking Water Act.)

II. Well Class and Type	III. Name and Address of Owner/Operator	V. Summary of Violations									VI. Summary of Enforcement									VI. Date Compliance Achieved	
		IV. Well ID No. (Permit No.)	Date of Violation	Mark ("X") Violation Type							Date of Enforcement	Mark ("X") Violation Type									
				Un aut hor ize d Inj ecti on	Well Mec hani cal Inte grity	Inje ctio n Pres sure	Plug ging and Aba ndo nment	For mal Ord er	Fal sifi cati on	Other (Spe cify)		Noti ce of Viol atio n	Con se nt Ag ree ment	Ad mi nist rati ve Or der	Civ il Ref err al	Cri min al Ref err al	Well Shut -in	Pi pe line Se ve rance	Oth er (Spe cify)		
	NONE																				

CERTIFICATION

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Signature of Person Completing Form

Typed or Printed Name and Title
Lawrence E. Bengal

Date
October 14, 2014

Telephone Number
870 862-4965